

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
10/58463

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2	1		1			
3	1		1			
4	1		1			
5	1		1			
6	0		1			
7	0		1			
8						
9	1		1			
10	1		1			
11	1		1			
12	1		1			
13	0		1			
14	1		1			
15	0		1			
16	0		1			
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26	1		1			
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49						
50						
TOTAL IND.	9		4			
TOTAL DEP.	24	←	24	←		
TOTAL CLAIMS	28		28			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.					↓	
TOTAL DEP.		←		←		
TOTAL CLAIMS						